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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 104196.128
In re Application of Robert Mechaley		
Application Number 08/804,900		Filed February 24, 1997
For A Method for Increasing System Resources Available to a User		
Group Art Unit 2164	Examiner Poinvil, F.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|--|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 890.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ **445.00**

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **08-0219**

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) **XXXXXXXXXX**.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

7/3/01
Date

Gary A. Walpert
Signature

07/06/2001 6TEFFERA 00000135 080219 08804900

01 FC:217 445.00 CH

Gary A. Walpert (Reg. No. 26,098)

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7/19/01</u>		2 Serial/Patent # <u>08/804,900</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	21	7/5/01	\$ 445 ⁰⁰							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 445 ⁰⁰							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">8</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">9</td></tr></table>			0	8	--	0	2	1	9
0	8	--	0	2	1	9					
10 REASON:											
	Overpayment										
	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
outside the Response Statutory period											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>WAW Carlson</u>		TITLE: <u>paralegal</u>									
SIGNATURE: <u>Waw Lynn</u>		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>7-20-01</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**